## **Application Data Sheet**

## **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	COLLABORATION METHOD AND SYSTEM
Attorney Docket Number::	LOT920030011US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	2
Small Entity::	No
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	William
Middle Name::	M.
Family Name::	Quinn
Name Suffix::	
City of Residence::	Lexington
State or Province of Residence::	Kentucky
Country of Residence::	USA
Street of mailing address::	3465 Lanette Lane

3465 Lanette Lane

City of mailing address:: Lexington State or Province of mailing address:: Kentucky Country of mailing address:: **USA** Postal or Zip Code of mailing address:: 40503 Applicant Authority Type:: Inventor Primary Citizenship Country:: **United States** Status:: Full Capacity Given Name:: Kevin Middle Name:: Family Name:: Solie Name Suffix:: City of Residence:: Lexington State or Province of Residence:: Kentucky Country of Residence:: USA Street of mailing address:: 3468 Bellmeade Road City of mailing address:: Lexington State or Province of mailing address:: Kentucky Country of mailing address:: **USA** Postal or Zip Code of mailing address:: 40517 Applicant Authority Type:: Inventor Primary Citizenship Country:: **United States** 

Status::

Given Name::

Matthew

**Full Capacity** 

Middle Name::	Α.	
Family Name::	Levy	
Name Suffix::		
City of Residence::	Winchester	
State or Province of Residence::	Kentucky	
Country of Residence::	USA	
Street of mailing address::	452 Mount Vernon Drive	
City of mailing address::	Winchester	
State or Province of mailing address::	Kentucky	
Country of mailing address::	USA	
Postal or Zip Code of mailing address::	40391	
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	United States	
Status::	Full Capacity	
Given Name::	James	
Middle Name::	S.	
Family Name::	Johnston	
Name Suffix::		
City of Residence::	Lexington	
State or Province of Residence::	Kentucky	
Country of Residence::	USA	
Street of mailing address::	3805 Gillespies Glen	
City of mailing address::	Lexington	

State or Province of mailing address::		Kentucky					
Country of mailing address::		USA	USA				
Postal or Zip Code of mailing address::		405	40514				
Correspondence Information							
Correspondence Cu	stomer Number::	363	80				
Representative Information							
Representative Customer Number:: 36380							
Domestic Priority Information							
Application::	Continuity Type::		Parent Application::	Parent Filing Date::			
	And the second s						
Foreign Priority Information							
Country::	Application number	<b>∍r</b> ∷	Filing Date::	Priority Claimed::			
	<u> </u>						
Assignee Information							
Assignee Name::	International Business Machines Corporation						